

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
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TOTAL IND.	2	↓			↓			↓							
TOTAL DEP.	30	←			←			←							
TOTAL CLAIMS	32	[REDACTED]			[REDACTED]			[REDACTED]							